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FACSIMILE TRANSMITTAL SHEET (TRANSMITTAL TO PTO)Deliver to: 2857Firm Name: U.S. PATENT AND TRADEMARK OFFICEFax Number: 703-872-9306 Telephone No.: _____From: Kenneth J. CoolDate: May 10, 2004 Time: _____Operator: Krista Mathieson Matter: 42390.P10435Number of pages including cover sheet: 16In Re Patent Application of: "Identifying Data Loss In A Transmission System"Application No.: 09/872,275Filed: May 31, 2001For: Sherlock, Stuart W.

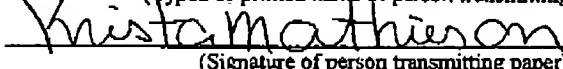
Enclosed are the following documents: Attached are the following: a Transmittal form, the Fee Transmittal Form (in duplicate), an RCE Transmittal and the Preliminary Amendment.

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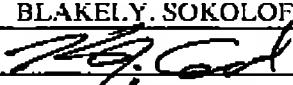
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05/01/03

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No. 09/872,375
		Filing Date May 31, 2001
		First Named Inventor Stuart W. Sherlock
		Art Unit 2857
		Examiner Name Tsai, Carol S.W.
Total Number of Pages in This Submission		Attorney Docket Number 42390P10435

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Seals/Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group Appeals Panel, Brief, Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px;"> First Class Certificate of Mailing stamped return postcard and the RCE Transmittal. </div>		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kenneth J. Cool, Reg. No. 40,570 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 10, 2004

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Typed or printed name	Krista Mathieson
Signature	
Date	5/10/04

Received by PTO on 05/10/2004 and filed by Krista Mathieson on 05/10/2004
USPTO-COMMUNICATIONS DIVISION, P.O. BOX 1450, ALBEMARLE, VA 23012-1450

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FEE TRANSMITTAL for FY 2004		<i>Complete if Known</i>																																																																																																																																																																																																																																					
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Registration No. Attorney/Agent	40,570	Telephone	(403) 850-1220																																																																																																																																																																																																																																				
Date	5/10/04																																																																																																																																																																																																																																						

Based on PTC-68/17 (10-03) as drafted by Blaney, Bernick, Tsai & Zisman (W) 02/10/2002
SEND TO: Comptroller for Plaintiff, P.O. Box 1430, Alexandria, VA 22313-1430

BEST AVAILABLE COPY

FEE TRANSMITTAL for FY 2004		<i>Complete if Known</i>
Small Entity Status: Fees are subject to annual review		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
TOTAL AMOUNT OF PAYMENT		(\$)
		1,720.00
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash	<input type="checkbox"/> None	3. ADDITIONAL FEES				
<input checked="" type="checkbox"/> Deposit Account									
Deposit Account Number 50-0221									
Deposited Amount Name Intel Corporation									
The Commissioner is authorized to: (mark if applicable)									
<input checked="" type="checkbox"/> Change lawyer indicated below					<input checked="" type="checkbox"/> Create any correspondence				
<input checked="" type="checkbox"/> Charge attorney indicated below or underpayments of less than as required under 37 CFR 1.16, 1.17, 1.18 and 1.20									
<input type="checkbox"/> Change lawyer already listed except for the filing fee in Intel - the co-petitioner's demand document									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid			
1001	770	2001	301	Utility issue fee					
1101	340	2100	170	Design issue fee					
1001	770	2001	301	Patent filing fee					
1004	770	2004	301	Reissue filing fee					
1005	100	2005	60	Provisional filing fee					
SUBTOTAL (1)				(1)					
2. EXTRA CLAIM FEES									
Total Claims	27	30 ^a	0	X	16.00	PostIssue Docket	Fee Paid		
Independent Claims	3	3 ^b	0	X	8.00		\$0.00		
Multiple Claimants									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid			
1200	15	2200	9	Claims in excess of 20					
1201	80	2201	42	Independent claims in excess of 3					
1203	200	2203	148	Multiple Dependent claims, if not bold					
1204	60	2204	43	**Reissue independent claims over original patent					
1205	15	2205	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)				(2)				0.00	
*For multiple claimants, add per claimant. For Reissues, add to base									
Other fee (specify) _____									
PostIssue Docket Filing Fee Paid									
SUBTOTAL (3)									
(3) 1,720.00									

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006

MAY 10 2004

OFFICIAL

Docket No.: 42P10435

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/872,275
 Inventor : Sherlock, Stuart W.
 Filed : May 31, 2001
 Art Unit : 2606
 Examiner : Tsai, Carol S. W.
 Title : Identifying Data Loss In A Transmission System

MS RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Dear Sir:

Kindly consider the following:

CERTIFICATE OF TRANSMISSION

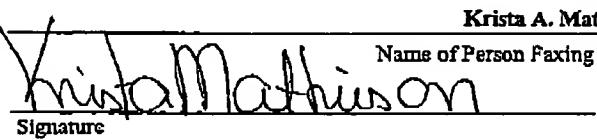
I hereby certify that I am causing the above-referenced correspondence to be facsimile transmitted to the US Patent and Trademark Office:

May 10, 2004

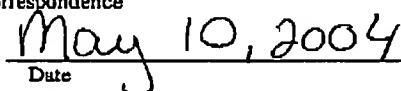
Date of Transmission

Krista A. Mathieson

Name of Person Faxing Correspondence



Signature



Date

INTRODUCTORY COMMENTS**Request for an Extension of Time**

It is believed that no additional extension of time fee is required. In the event any extension of time fee is required, or any other fee related to this Response is required, please consider this a request therefore. Authorization is hereby given to charge Deposit Account No. 50-0221 for such fee or fees.

Authorization to Charge Deposit Account

Authorization is hereby given to charge Deposit Account No. 50-0221 for any fee or fees related to this Office Action Response.